

**KENTUCKY BOARD OF LICENSURE
FOR DIETITIANS AND NUTRITIONISTS**

**P.O. Box 1360
Frankfort, Kentucky 40602**

RENEWAL APPLICATION

For Office Use Only

SS#: _____

Amount: _____

Date: _____

Your license as a dietitian and/or certificate as a nutritionist **expires on October 31, 2002**. In accordance with KRS Chapter 31 and regulations governing this profession, you are required to renew your credential(s) every year with the transmittal of this form and the appropriate renewal fee as noted below, in check or money order (**DO NOT SEND CASH**) made payable to the **Kentucky State Treasurer**. Please return completed form with fee to the address above prior to the deadline date of October 31, 2002. The late fee for renewals received during the 60 day grace period (postmarked after October 31, 2002) is \$25.00 per credential. (The credential holder may continue to work during this grace period) **After December 31, 2002 the license/certification is terminated and must be reinstated with a fee of \$50.00 per credential.**

	<u>Renewal Fee</u>	<u>If Applicable Late Fee</u>	<u>If Applicable Reinstatement Fee</u>
Dietitian: _____	\$50.00 _____	\$75.00 _____	\$100.00 _____
Nutritionist: _____	\$50.00 _____	\$75.00 _____	\$100.00 _____
Dual: _____	\$100.00 _____	\$150.00 _____	\$200.00 _____

THE FOLLOWING INFORMATION MUST BE COMPLETED:

1. Note changes in **mailing address** **if different from above:**

Name: _____

Address: _____

2. Present Business Address:

3. Home Phone: () _____ Business Phone: () _____

4. E-Mail Address: _____
(If Applicable)

(over)

5. Have you been convicted of a felony since your last application or renewal? () Yes () No.
If yes, list offense and provide details on a separate sheet of paper.
6. Have you been denied licensure and/or certification in another state, or has your credential in any other state been subject to disciplinary action? () Yes () No. If yes, give details on separate sheet of paper.
7. Pursuant to KAR 201 33:030 Section 1, licensed dietitians and certified nutritionists are required to obtain fifteen (15) hours of board approved continuing education during the period of November 1, 2001 to October 31, 2002, for renewal of licensure or certification. In addition, up to fifteen (15) excess hours of continuing education can be carried over from the previous year.

AUDITED RENEWALS:

- If you are currently on the “Old” CDR reporting system, you may submit a copy of your current CDR “blue” card with your renewal application.
 - If you are in the CDR Portfolio Program, you must submit copies of the certificates you have received for attendance or other verification of courses taken for the fifteen (15) hours of required continuing education between November 1, 2001 and October 31, 2002.
 - Certified Nutritionists must submit documentation of board approved continuing education hours.
- ☐ First year license/certification. No continuing education required. Date of initial license: _____

I DO HEREBY SWEAR OR AFFIRM THAT I, THE UNDERSIGNED CREDENTIAL HOLDER, HAVE RECEIVED THE REQUIRED FIFTEEN (15) HOURS OF CONTINUING EDUCATION AS SET FORTH BY 201 KAR 33:030 DURING THE PREVIOUS TWELVE (12) MONTH PERIOD.

Signature: *(Required)* _____
(Sign your name - Do not print or type)

Date: _____

AFFIDAVIT

I do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my licensure or certification could be subject to disciplinary action by the Kentucky Board of Licensure and Certification for Dietitians and Nutritionist.

Signature: *(Required)* _____
(Sign your name - Do not print or type)

Date: _____